
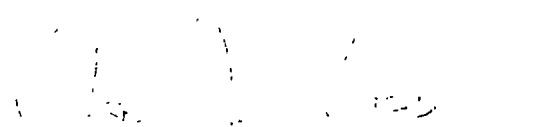


MICHIGAN WATER RESOURCES COMMISSION FACILITIES INSPECTION REPORT

1. NAME OF FACILITY AND LOCATION <i>The Brown Corporation</i> <i>Ironia</i>			
2. PLANT PRIMARY NO <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-between; width: 100px;">③⑧</div>	3. DATE OF VISIT <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0; text-align: center;">7 1 1 9 7 3</div> <div style="display: flex; justify-content: space-between; width: 100px;">⑨⑭</div>	4. DATE OF PREVIOUS VISIT	5. FACILITY STAFF MEMBER CONTACTED <i>Edwin Couchman, Jr.</i>
6. NAME OF CERTIFIED OPERATOR IN CHARGE <div style="text-align: center; margin-top: 10px;">W _____</div>		7. DOES FACILITY REQUIRE CERTIFIED OPERATOR? (INDICATE Y OR N IN BOX) <div style="text-align: center; margin-top: 10px;"><input checked="" type="checkbox"/> N ⑮</div>	8. PERMIT NO.
9. REASON FOR VISIT (INDICATE BY WRITING APPROPRIATE LETTER IN BOX) <div style="display: flex; justify-content: space-between; font-size: small;"> <input checked="" type="checkbox"/> A. REGULAR SCHEDULE <input type="checkbox"/> B. REGION REQUEST <input type="checkbox"/> C. FACILITY REQUEST <input type="checkbox"/> D. PUBLIC COMPLAINT </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> E. OPERATOR NOT REPORTING <input type="checkbox"/> F. EFFLUENT FAILING PERMIT RESTRICTIONS <input type="checkbox"/> G. OTHER </div>			
10. NARRATIVE DISCUSSION OF VISIT AND RESULTS (INCLUDE ANY NAME CHANGES OR OUTFALL DESCRIPTION CHANGES)			
<p>Staff contacted Mr. Couchman on February 1, 1973, to discuss the status of this company's waste disposal facilities. They manufacture metal stampings for the automobile industry. All of the cooling water is discharged to a drain which connects with the Grand River. This is not treated and these cooling waters are from a closed circuit in the machines which discharge to a drain in the plant.</p> <p>No extensive oils are employed with the exception of lubrication of the machinery and 55 gallons per year of cutting oils. All domestic waste is discharged to the city sanitary sewer. A bonderizing operation employing Fe₃, PO₄ is continually recycled until spent and then discharged periodically to groundwater.</p> <p>This did not seem to be a problem with the cooling water drain.</p> <p>JR:bk cc: J. Bohunsky J. Cosens J. Rossio Files</p>			
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> EPA Region 5 Records Ctr.  389870 </div> <div style="margin-top: 20px; text-align: right;">  Inspector's Signature </div>			
10. EFFLUENT SAMPLE TAKEN? <div style="text-align: center; margin-top: 10px;"><input type="checkbox"/> (INDICATE Y OR N IN BOX)</div>	11. DATE FOLLOW-UP VISIT (IF REQ'D) <div style="text-align: center; margin-top: 10px;"><div style="display: flex; justify-content: space-around; width: 100px;">yymmdd</div><div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div></div>	12. DATE ACTION REQ'D BY FACILITY <div style="text-align: center; margin-top: 10px;"><div style="display: flex; justify-content: space-around; width: 100px;">yymmdd</div><div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div></div>	13. INSPECTOR'S RATING (INTERIM) <div style="text-align: center; margin-top: 10px;"><input type="checkbox"/> (INDICATE A, B, OR I IN BOX)</div>